ATTACHMENT 3

HCPCS codes for Inpatient and Outpatient Hospital Providers Effective for dates of service on and after July 1, 2002

Procedure code	Description	Type of service*	Copay	Max fee**	Status
G0107	Colorectal cancer screening; fecal-occult blood test, 1-3 simultaneous determinations	5	\$1	\$4.49	Added
G0107	Colorectal cancer screening; fecal-occult blood test, 1-3 simultaneous determinations	С		\$4.64	Added
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by cytotechnologist under physician supervision	5	\$1	\$28.00	Added
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by cytotechnologist under physician supervision	С		\$28.93	Added
G0124	requiring interpretation by physician	5	\$1	\$21.64	Added
G0124	requiring interpretation by physician	С		\$22.36	Added
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	5	\$1	\$21.64	Added
G0141	Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	С		\$22.36	Added
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening by cytotechnologist under physician supervision	5	\$1	\$28.00	Added
G0143	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening by cytotechnologist under physician supervision	С		\$28.93	Added
G0144	with manual screening and computer-assisted rescreening by cytotechnologist under physician supervision	5	\$1	\$28.00	Added
G0144	with manual screening and computer-assisted rescreening by cytotechnologist under physician supervision	С		\$29.93	Added
G0145	with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	5	\$1	\$28.00	Added
G0145	with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	С		\$29.93	Added

*Type of service

Codes Descriptions

Diagnostic lab (total charge)/HealthCheck lab Ancillaries (hospital and nursing home)

Procedure	Description	Type of	Copay	Max	Status
code		service*		fee**	
G0147	Screening cytopathology smears, cervical or vaginal; performed by automated system under physician supervision	5	\$1	\$28.00	Added
G0147	Screening cytopathology smears, cervical or vaginal; performed by automated system under physician supervision	С		\$29.93	Added
G0148	performed by automated system with manual rescreening	5		\$28.00	Added
G0148	performed by automated system with manual rescreening	С		\$29.93	Added

*Type of service Codes

Descriptions
Diagnostic lab (total charge)/HealthCheck lab
Ancillaries (hospital and nursing home) 5 C